U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 / LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 63398	2. Fiscal Year Covered From
9 -	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and acdress of labor organization.
Name Thomas P Vogel	Name I.B.E.W. Local Union 1919
	Labor Organization File Number (35-657)
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1726 Hillsdale Ave	Street 986 Greentrae Road
City Ambridge	City Pittsburgh
State Pennsylvania ZIP Code + 4 15003	State Pennsylvania ZIP Code + 4 15220
5. Position in labor organization. Executive Board Member, Tr	rustee

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name I.B.E.W. Local 1919 Health & Welfare Fund Trade Name, if any:	Trustee's educational conference in Orlando Florida. The conference was sponsered by the "International Fcundation of Employee Benefits Funds". Expenses were for hotel rooms, meals, per diem advance(self; and misc.expenses for self and other Fund Trustces.	
Street 27 Roland Ave, Suite 200		
City Mount Laurel	\$2,319	
State New Jersey ZIP Code + 4 08054		

Signature

15. Signature and vertication. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Signed	On 8/8/2005	412-921-5757
	Date	Telephone Number

	Name of Person Filing Thomas Vogel		File Number U-
	B. Held an interest in or derived income or economic beneft with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
	Name and address of Business (including trade name, if any).	9. Business deals with:	
	Name	- Lahar Ornania	ato
1	Trade Name, if any:	a. Labor Organization b. Trust	
	P.O. Box, Bldg., Room No., if any	c. Employer	
	Street		
	City		
	State ZIP Code + 4		
	10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ng.
	Name		
	Trade Name, if any:		
	P.O. Box, Bldg., Room No., if any		
	Street	11.b. Approximate dollar valu	ue of such dealing.
	City	12.a. Nature of interest hel	d or income received.
	State ZIP Code + 4		
		12.b. Amount	
	C. Received from any employer (other than an employer covered unde	r parts A and B above)	
or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant 14.a. Nature of payment.			
	(including trade name, if any).		
	Trade Name, if any:		
	P.O. Box, Bldg., Room No., if any		
	Street		
١	City		

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

State

Name of Person Filing Thomas Vogel	File Number U-
3	

Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is actively seeking to represent.	income or other economic banefit of monetary value from an employer whose	
6. Name and address of Employer (including trade nan:e if any).	7.a. Nature of Interest, Transaction, or Income.	
Name I.B.E.W. Local 1919 Annuity Fund	Trustee's educational conference in Orlando Florida. The conference was sponsered by the	
Trade Name, if any:	"International Foundation of Employee Benefits Funds". Expenses were for hotel rooms, meals, per diem advance(self) and misc.expenses for self and other Fund Trustees.	
P.O. Box, Bldg., Room No., if any		
Street 27 Roland Ave., Suite 200	7.b. Amount.	
City Mount Laurel	\$603	
State New Jersey ZIP Code + 4 08054		
A Hold on interact in opposed in transactions (including longs) with as desired	Lineary and the appropriate transfer of many transfer of the second seco	
 A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is actively seeking to represent. 	income or other economic benefit of monetary value from an employer whose	
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:	<u>.</u>	
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street	r.s. Anothe	
City		
State ZIP Code + 4		
A. Held an interest in, engaged in transactions (including loans) with, or derived	income or other economic hanefit of monetany value from an employer whose	
employees your organization represents or is actively seeking to represent.	income of other economic deficit of monetary value from an employer whose	
6. Name and address of Employer (including trade патле if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street	7.5.7 WHOME.	
City		
State ZIP Code + 4		

Form LM-30 (2003)